



Do's and Don'ts

Perinatal Psychiatry

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Disclosures

- No conflicts of interest
- May be discussing off label use of some medications



Objectives

- To recognize risk associated with untreated mental health
- To discuss risk and benefits of various pharmacological interventions in pregnancy and breastfeeding
- To implement evidence-based interventions –to follow and not to follow in pregnancy and postpartum



Stressed Sarah....

A 28-year-old G1P0 female at 7 weeks gestation with a history of MDD and GAD and presents to you to establish care.

She is currently on the antidepressant vilazodone 40 mg daily and lorazepam as needed for anxiety and insomnia.

She feels this regimen is controlling her depression and anxiety very well.

She has tried many other medications in the past with limited benefit but is worried as there is not a lot of data on the use of these medications during pregnancy.

She does report difficulty with sleep and nausea since becoming pregnant and is managing these symptoms with nightly medical marijuana.



Provider's Dilemma

- To continue, which ones
- To discontinue, which ones
- To reduce the dose, for which ones
- To change to an agent with more data in pregnancy and breastfeeding
- What about medical marijuana



Do's

- Regular exercise
- Healthy and balanced diet
- Always assess for substance use, especially marijuana
- Rule out medical causes of the presentation-thyroid imbalance, anemia, side effects of some medications

[\(Physical Activity and Exercise During Pregnancy and the Postpartum Period | ACOG\)](#)

[\(Pregnant & Postpartum Activity: An Overview | Physical Activity Basics | CDC \)](#)



<https://www.livescience.com/45090-pregnancy-diet.html> (Valeriy Velikov/Shutterstock)
https://www.momjunction.com/articles/precautions-effective-pilates-workout-pregnancy_0074511/



Do's

- Psycho-education and support
- Support partners as well-postpartum depression (PPD) occurs in the partners as well
- Mandated rest
- Screening for risk
- **Treat maternal mental health**
- Resources, referrals and follow-up



Don't Underestimate the Negative Impact of Untreated Maternal Mental Health



No proper prenatal and well baby visits

Low birth weight and small for gestational age

Substance abuse

Preterm delivery

Maternal suicide

Disordered attachment

Infanticide

Adverse neurodevelopmental problems

(Tusa et al., 2025)
(Dennis et al., 2024)
(Atif et al., 2015)
(Balbierz et al., 2015)
(Grigoriadis et al., 2013)
(Grote et al., 2010)
(Paulson et al., 2006)

Don't

- Stop all psychotropic medications
- Stop cold turkey
 - ✓ May gradually work on adjusting the dosages and if possible, number of agents after discussing risk and benefits
 - ✓ Populations with severe or recurrent depression were at increased risk of relapse during pregnancy following antidepressant discontinuation

Results Among the 201 women in the sample, 86 (43%) experienced a relapse of major depression during pregnancy. Among the 82 women who maintained their medication throughout their pregnancy, 21 (26%) relapsed compared with 44 (68%) of the 65 women who discontinued medication. Women who discontinued medication relapsed significantly more frequently over the course of their pregnancy compared with women who maintained their medication (hazard ratio, 5.0; 95% confidence interval, 2.8-9.1; $P < .001$).

Clinical practice, guideline, ACOG, 2023
(Bayrampour et al, 2020)
(Cohen et al, 2006)
(Viguera et al., 2007)
(Payne,2021)



Don't

- Stop SSRIs due to FDA panel, 2025

FDA considers warning about antidepressants during pregnancy

- Panelists point to risk of autism, miscarriage, birth defects
- Medical consensus, however, is that antidepressants are safe
- Many experts say risk of untreated depression is greater

[Home](#) | [JAMA](#) | [Vol. 334, No. 11](#)

An FDA panel spread misinformation about SSRI use in pregnancy, alarming doctors

Medical News

FDA Panel Casts SSRIs During Pregnancy as Risky—Many Experts Disagree

Don't

- Follow the FDA pregnancy category system- ABCDX
 - ✓ New PLLR system followed now
 - ✓ Replaced the “risk” categories, support evidence-based decisions
 - ✓ Provides comprehensive information of drug use
 - ❖ Pregnancy
 - ❖ Lactation
 - ❖ Females and males of reproductive potential
 - ✓ Summarizes: risks to the fetus, illness-related clinical considerations, and available safety data



[Pregnancy and Lactation Labeling \(Drugs\) Final Rule | FDA](#)

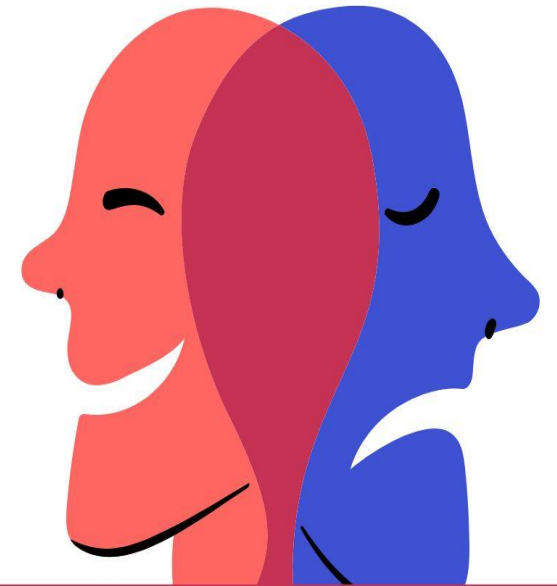
Don't

- Switch to older and/or to a more studied agent
 - ✓ Selective Serotonin Reuptake Inhibitors (SSRI's) having most data with sertraline being prescribed most commonly
 - ✓ Switching increases the risk of exposure to new agent, untreated mental health if no response to new agent

(McAllister-Williams et al, 2017)

Don't

- Give antidepressant to women with previous diagnosis of bipolar disorder even though they may be depressed at present
 - ✓ Antidepressant alone might induce cycling into hypomania/mania
 - ✓ 50% of women with bipolar are 1st diagnosed in the postpartum period
 - ✓ 1/4 of women who screened positive on Edinburgh Postnatal Depression Scale were later diagnosed with bipolar disorder
 - ✓ Hospitalization in the postpartum period is significantly greater than at any other point in the lives of individuals with BD



Clinical practice, guideline, ACOG, 2023
(Munk-Olsen et al., 2012)
(Wisner et al., 2013)

Don't

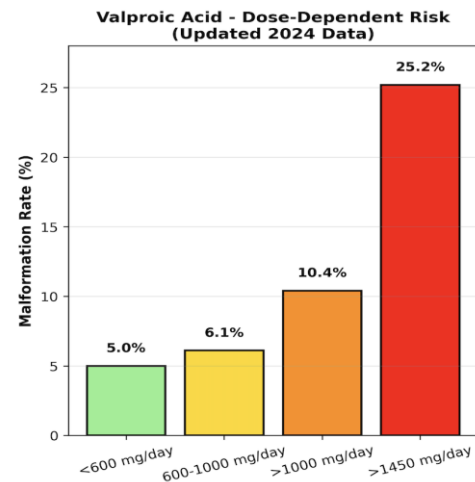
- Refuse to prescribe BZD's or discontinue when individuals find about their pregnancy in all cases
 - ✓ Concerns of withdrawals which can be dangerous for people taking high dosages and for long time
 - ✓ Gradual taper preferred (some individuals may require even more slower taper)
 - ✓ More efficacious than antihistaminic agents for anxiety
 - ✓ Recommend to stop cold turkey
 - ✓ Proper R/B discussion before continuation and discontinuation



•<http://epilepsy.com/wp-content/uploads/2016/06/What-Are-Benzodiazepines-676x400.jpg>
(Grigoriadis et al , 2019; Clinical practice, guideline, ACOG, 2023,)

Don't

- **Prescribe Valproic Acid (Depakote) in women of reproductive age**
- ✓ The absolute risk of major malformations with valproate was 10.93%
- ✓ Fivefold increase in risk of congenital malformations
- ✓ Significantly higher risk of neural tube, cardiac, orofacial/craniofacial, and skeletal and limb malformations, cognitive delay, language delay, psychomotor delay and autism/dyspraxia
- ✓ The risk of major malformations with valproate is dose-dependent



(Andrade et al., 2021)
(Andrade, 2018)
(Vossler et al., 2019)
(Tomson et al., 2018)
(Watkins et al., 2019)
(Veroniki et al., 2017)

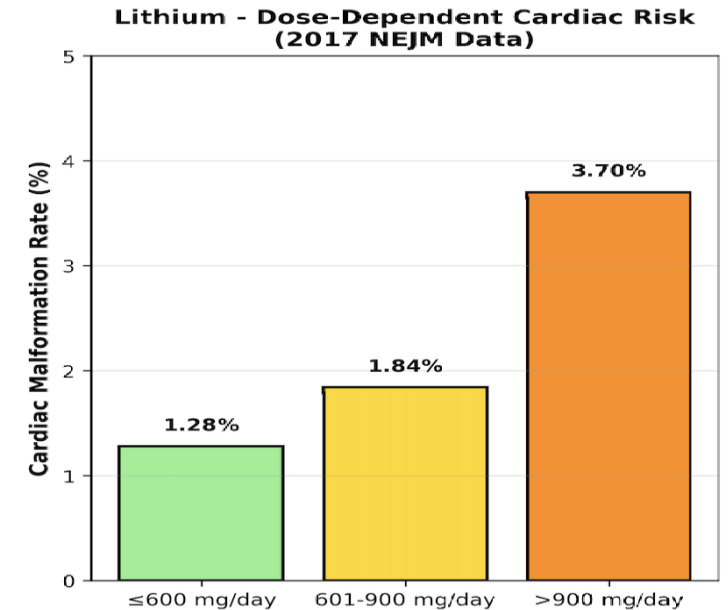
Does Folic Acid supplementation with antiepileptics reduce congenital malformations ?

- Controversial data
- Some studies have demonstrated that periconceptional use of folic acid is associated with improved cognitive outcomes and lower risk of autistic traits (overall improved neurodevelopment); others have not
- Clinical recommendation: folic acid supplementation-0.4 mg in all pregnancies and at higher doses of 4 mg daily with AE use



Don't

- Avoid use of lithium in pregnancy and breastfeeding where and if needed
 - ✓ Gold standard for bipolar disorder management in peripartum period
 - ✓ Not contraindicated
 - ✓ Not associated with preterm labor, Small for Gestational Age, miscarriage, LBW, adverse neonatal outcomes
 - ✓ Small but significant increased risk of cardiovascular malformation- Ebstein anomaly but very small absolute risk
 - ✓ Risk is dose related, tripled risk beyond dose of 900 mg daily
 - ✓ Neonatal risks: lethargy, floppy baby syndrome, hypoglycemia, neonatal goiter, increased birth weight
 - ✓ Polydipsia and polyuria may be exacerbated by lithium



(Bergink et al., 2025; Fornaro et al., 2020; Patorno et al, 2017)

Don't

- Stop antipsychotics
- No association with spontaneous abortion
- No strong evidence that they are associated with malformation except Risperidone

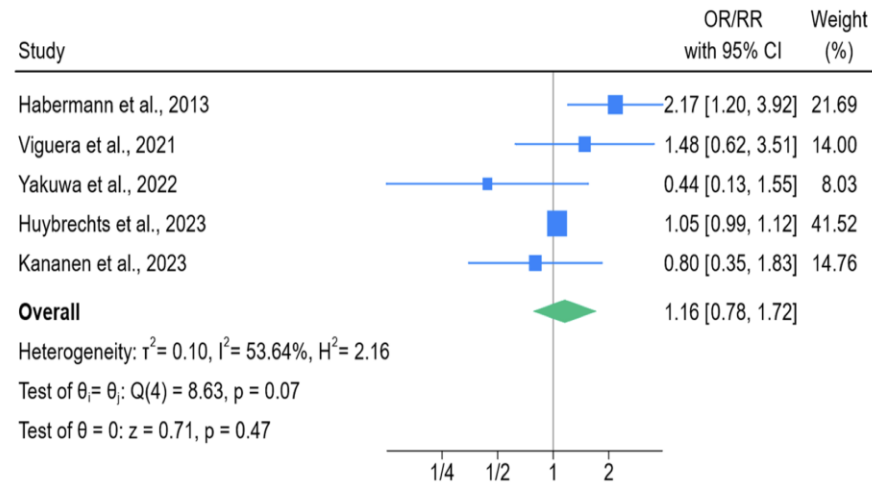
REVIEW



Antipsychotic drug use during pregnancy and neonatal outcomes: a systematic review and meta-analysis

Dervla Quinn¹ · Michael Donnelly¹ · Ciaran O'Neill¹

Fig. 3 Forest plot of second-generation antipsychotic exposure and congenital malformations



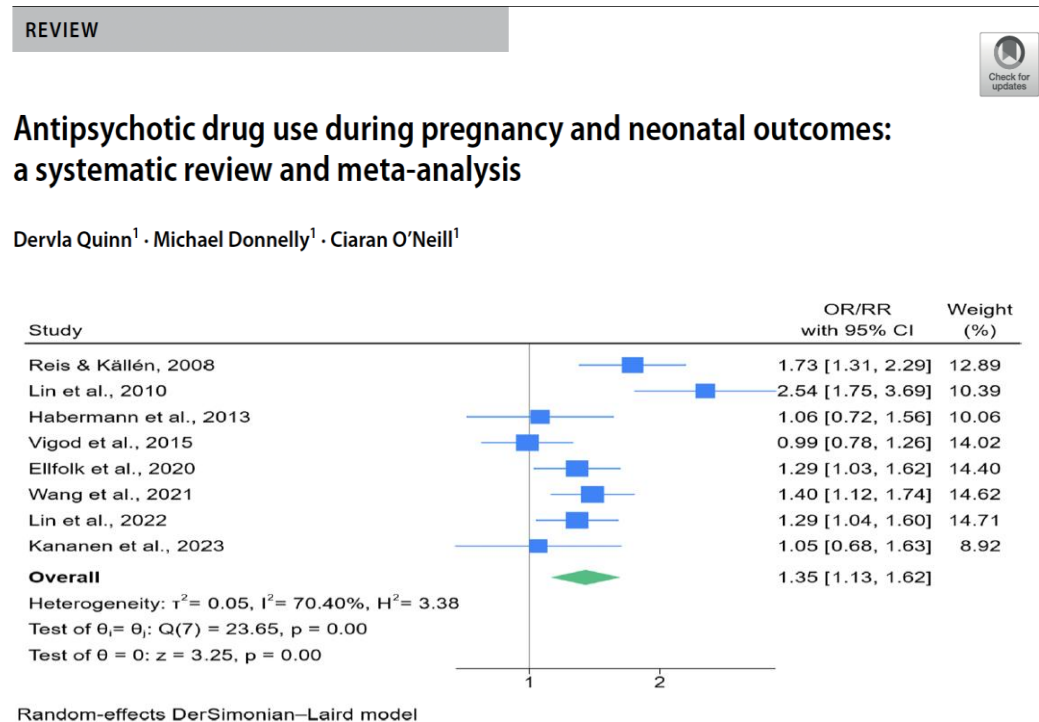
Random-effects DerSimonian-Laird model

(Quinn et al. 2026)
Anderson et al., 2020
(Coughlin et al., 2015)
(Huybrechts et al., 2016)
(Reis & Källén, 2008)

Antipsychotics

- Associated with
 - ✓ Preterm birth but difficult to rule out due to confounding factors
 - ✓ Gestational diabetes-olanzapine and quetiapine (high risk)-low dose preferred if possible but optimum dose is equally important

Fig. 4 Forest plot of association between in utero antipsychotic exposure and preterm birth

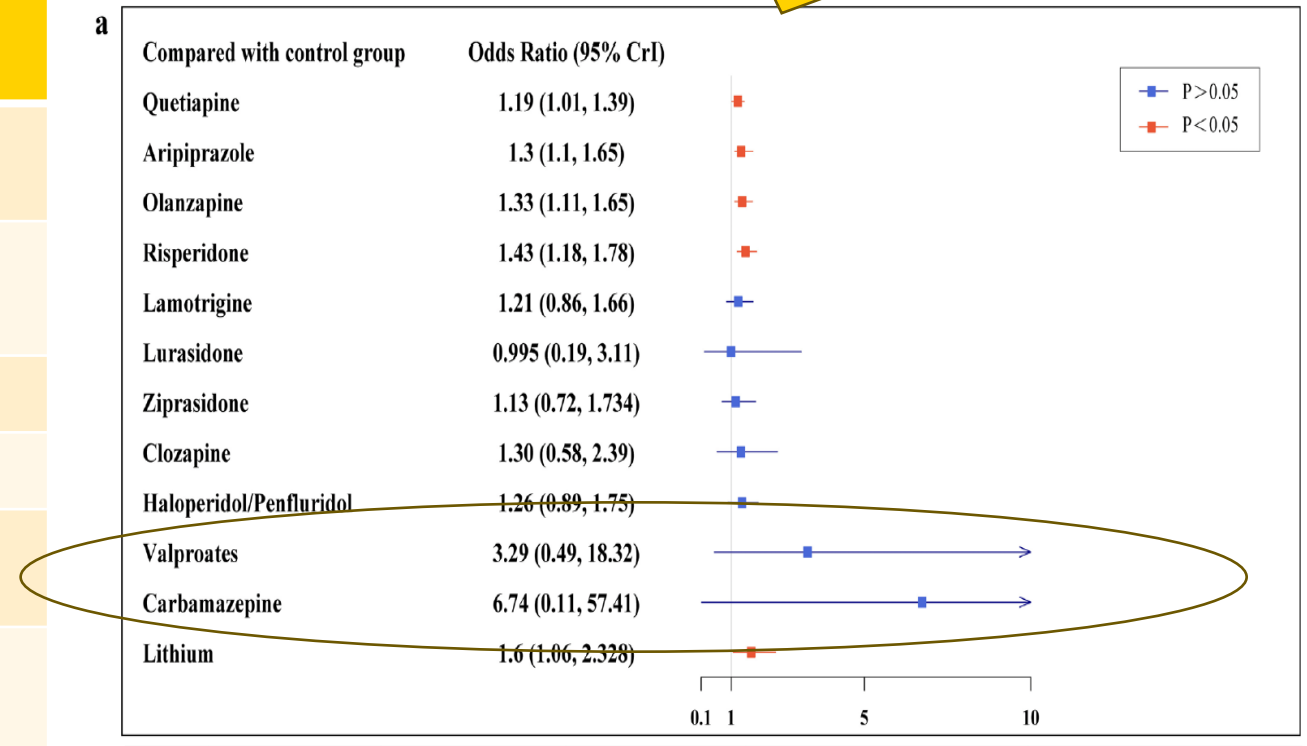


(Quinn et al. 2026)

Mood stabilizers and AP

Due to insufficient sample sizes and low evidence quality, this study could not reliably determine the risks with carbamazepine and VPA, studies have shown that VPA is more teratogenic than CBZ.

Mood Stabilizer	Prevalence of Major Malformation
Valproate	10.3%
Carbamazepine	7.2 % (>700 mg) 4.5% (< 700 mg)
Topiramate	3.9%
Oxcarbazepine	3.0%
Lamotrigine	2.9%
Lithium	3.7 % (> 900 mg) 1.3 % (< 900 mg)



Don't

- Ignore the signs of postpartum psychosis
- Mother or family reports symptoms after childbirth
 - Severe sleep disturbances
 - Increase irritability
 - Unusual or bizarre behavior
 - Rapid changes in thinking/confusion/disorientation
 - Paranoia
- Symptoms can be subtle and be easily dismissed as they fluctuate
- Early recognition and urgent evaluation is important as postpartum psychosis is considered a medical emergency

(Friedman et al., 2023)



Don't

- Refuse to give stimulants due to concerns of malformations
- Women who discontinued psychostimulant treatment during pregnancy
 - ✓ Had a clinically significant increase in depression despite not changing their antidepressant medication
 - ✓ Had impairment in functioning



(Baker et al., 2022)
(Huybrechts et al., 2018)
(Kolding et al., 2021)



Don't

- **Change to a different agent in breastfeeding because of concerns of more passage into breast milk**
 - ✓ **Exposure to drug through breast milk is lesser than through placental transfer**
 - ✓ **Especially if the neonate was exposed during pregnancy**



Clinical practice, guideline, ACOG, 2023; Payne, 2021



Don't

- **Ignore substance use** -approximately 4% of women in the USA use illicit drugs while pregnant. 75% of these cases report the use of marijuana.
 - ✓ **Smoking cigs-** Not contraindicated in pregnancy or breastfeeding though encouraged to stop
 - ✓ **Alcohol-** No level of alcohol in pregnancy is safe. Feeding immediately after drinking will likely cause mild agitation and disrupted sleep patterns at a minimum
 - ✓ **Marijuana- limited data of use in breastfeeding.** Both the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics recommend that women refrain from using cannabis during pregnancy and while breastfeeding. Both human cohort studies and studies in animals- limited-but clearly suggest that early exposure to cannabis is not benign and that cannabis exposure in the perinatal period may produce long-term changes in behavior and mental health
 - ✓ **Opioids-** not recommended in pregnancy/breastfeeding
 - ✓ **Cocaine/stimulant misuse-** not recommended in pregnancy/breastfeeding

<https://www.infantrisk.com/content/alcohol-breastfeeding-whats-your-time-zero>



Don't

- Ignore use of herbal supplements
 - ✓ Interaction with each other and with prescription medications
 - ✓ Not regulated by FDA
 - ✓ Limited literature on use in breastfeeding



Take Away



- No one size shoe fits all
- This is not the comprehensive list
- All the Do's and Don'ts need to be followed on individual case by case basis
- Risk and Benefit discussion is the most important





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Locations

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Hershey, PA 17033

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Penn State Health Perinatal TiPS Team

Reproductive and Behavioral Health Psychiatrists



Dr. Ritika Baweja



Dr. Marissa Beal



Dr. Melissa Free

Licensed Therapist



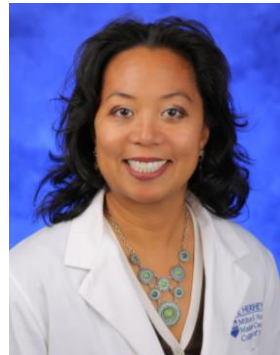
Mary Ann Leidinger, LCSW

Care Coordinator Team



Pavithra Gali

Obstetrics and Gynecology and Addiction Medicine Experts



Dr. Eleanor Dunham



Dr. Sarah Kawasaki



Lisa Evans

Resources

- Massachusetts General Hospital (www.womensmentalhealth.org)
- Postpartum Support International (www.postpartum.net 1-800-944-4PPD)
- The Periscope Project (Perinatal Specialty Consult Psychiatry Extension)
- Mother to baby (www.movertobaby.org)
- MCPAP for moms
- National Curriculum on Reproductive Psychiatry



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